2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N03000005189

Entity Name: BONITA SPRINGS ELEMENTARY INTERESTED PARENT TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

10701 DEAN ST SE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10701 DEAN ST SE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 55-0836642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEEKS, ELIZABETH
Address: 10701 DEAN ST SE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: PACHECO, AMY
Address: 10701 DEAN ST SE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD ( ) Delete
Name: WILKINSON, FELICIA M
Address: 10701 DEAN ST SE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: HAZEN, NICKI
Address: 10701 DEAN ST SE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: LANEY, BEVERLEE
Address: 10701 DEAN ST SE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP/D ( ) Delete
Name: MUCHA, ALAINA
Address: 10701 DEAN ST SE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA MCMAHON WILKINSON TREA 01/07/2008
Electronic Signature of Signing Officer or Director — Date